



## City of Fremont Paratransit Program

*A program designed to supplement  
the East Bay Paratransit service system*

### Paratransit Application Information

Thank you for inquiring about the City of Fremont's Paratransit Program. Enclosed is a Paratransit Application that can be used to apply for the following program services:

- Door-to-Door Transportation
- Group Trips

Please refer to the attached **Paratransit Program Brochure** for more information on these services and the [eligibility guidelines](#) for each service. Please be sure to indicate on the application form what service(s) you are interested in receiving.

#### **To apply for City of Fremont's Paratransit Services:**

1. Complete the **Paratransit Application Form**.
2. If you are applying for the *Door-to-Door Transportation* service, please have your *physician, social worker, or other health care professional* complete the **Medical Statement Form**.  
Note: If you are already certified for rides through East Bay Paratransit, you do not need to submit a Medical Statement Form with your Paratransit Application.

**Return completed forms to:** City of Fremont Paratransit Program  
3300 Capitol Ave  
P.O. Box 5006  
Fremont, CA 94537-5006  
Fax: (510) 574-2054

**Once completed forms are received:** Each application packet will be reviewed to determine eligibility for services. The Paratransit Program will notify each applicant what services he/she is eligible for within 7 days of receiving a completed application.

Translation assistance is available in Chinese, Farsi, and Spanish. Please call the appropriate Human Services Department staff to arrange for translation assistance:

*Chinese:* Philip Huang (510) 574-2066

*Spanish:* Monica Gloria (510) 574-2053

*Farsi/Pashto:* Najia Hamid (510) 574-2059

**If you have any questions regarding the enclosed information, please call:  
City of Fremont Paratransit Program at (510) 574-2053**



City of Fremont Paratransit Program  
3300 Capitol Avenue | P.O. Box 5006, Fremont, CA 94537-5006  
Phone: (510) 574-2053 | Fax: (510) 574-2054

## Application Form (rev. 2/24/04)

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Apt. # City Zip Code

Name of Housing Complex (if applicable): \_\_\_\_\_

Above address is: Temporary until \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Permanent Male Female

1. What is your living arrangement? Live alone Live w/ spouse or partner  
Live with adult children Live in a skilled nursing facility/nursing home  
Live in assisted living/residential care home Other: \_\_\_\_\_

2. What is your ethnicity? Afghan African American Asian Indian  
Caucasian Chinese Hispanic/Latino Native American  
Other: \_\_\_\_\_

3. What language(s) do you speak? Preferred language: \_\_\_\_\_  
Other Language(s): \_\_\_\_\_

4. Emergency Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Day phone: (\_\_\_\_) \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Eve phone: (\_\_\_\_) \_\_\_\_\_

5. How did you find out about the City's Paratransit Program? \_\_\_\_\_

6. Please check which City of Fremont paratransit services you are interested in:

**Door-to-Door Transportation**

**Group Trips** (Low cost social and recreational outings and shopping shuttles)

English-speaking recreational outings

Spanish-speaking recreational outings

Chinese-speaking recreational outings

Farsi-speaking recreational outings

Weekly shopping shuttle

7. How do you currently travel to your most frequent destinations? (Check all that apply)

Drive myself

Someone drives me

East Bay Paratransit

Buses/BART

Taxi

Other: \_\_\_\_\_

8. Are you certified for rides with East Bay Paratransit (EBP)?

Fully certified

Conditionally certified

EBP Identification #: \_\_\_\_\_

Not eligible

Have not applied

Application submitted on: \_\_\_\_\_

9. Do you use any of the following mobility aids or specialized equipment?

Cane

Wheelchair

Service Animal

Walker

Power Scooter

Other: \_\_\_\_\_

10. Do you need a passenger lift to get in and out of a vehicle? Yes \_\_\_\_ No \_\_\_\_

11. Do you need an escort when traveling? Yes \_\_\_\_ No \_\_\_\_

12. How often do you plan to use the Fremont Paratransit service? \_\_\_\_\_

13. Please describe your medical/disabling condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Person who helped you complete this application form: (if applicable)

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Can we contact this person if additional information is needed? Yes \_\_\_\_ No \_\_\_\_

I certify that the information in this application is true and correct. I understand that knowingly falsifying the information will result in denial of service. I give the City of Fremont permission to verify whether I am enrolled with East Bay Paratransit. I understand that all information will be kept confidential, and only the information required to provide the service I request will be disclosed to those who perform the services.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_